								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997										39 0	262	267	2
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYP		ENTITY	OR	OTHEF SMALL	R THAN ENTITY	
FOR	· -	NUME	ER FILED		NUMBER EXTRA			RATE		FEE		RATE	FEE
BASI	FEE									395.00	OR		790.00
TOTAL CLAIMS			minus 20 =		*			x\$11:	=		OR	x\$22=	
INDEPENDENT CLAIMS		IMS /	/2 minus 3 =		· 9			x41=	-		OR	x82=	138
MULTIPLE DEPENDENT CLAIM PRESENT							+135=			+270=	1020		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR OR	TOTAL	152 S	
		CLAIMS AS	AMENDED	- PAF	3T II			OTHER THAN					RTHAN
- 2		(Column 1)		(C	olumn 2)	(Column 3)	a ,	SMA	ALL	ENTITY	OR		ENTITY
amendment a		CLAIMS REMAINING AFTER AMENDMEN		NI PRE	GHEST JMBER VIOUSLY JID FOR	PRESENT EXTRA		RATE	≣	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.30	Minus	** <	2Ø	= //		x\$11:	=		OR	-/8 x\$ 22 ≤	198
	Independent	.28	Minus	***	15	= 13		x41=	=		OR	*02=	1040
V	FIRST PRES	SENTATION O	F MULTIPLE	DEPE	NDENT CL	AIM		+135	=		OR	+270=	7
(Column 1) (Column 2) (Column 3)								TOTAL ADDIT. FEE			OR	TOTAL ADDIT. FEE	
D		(Column 1) CLAIMS			olumn 2) GHEST	(Column 3)		<u> </u>	1				
AMENDMENT B		REMAINING AFTER AMENDMEN		PRE	JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	15	Minus	**3	2	=		x\$11:	= [OR	x\$22=	
	Independent	* 9	Minus	***9	,	=		x41=	=		OR	x82=	
Ø	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	=		OR	+270=	
(Column 1) (Column 2) (Column 3)						ļ	TOT ADDIT. FI			OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		PRE	GHEST UMBER VIOUSLY VID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**]=		x\$11:	=	·	OR	x\$22=	
	Independent	*	Minus	***		=		x41=	=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." *** TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE			
Th	ne "Highest Num	ber Previously P	aid For" (Total or	Indepe	endent) is the	highest number for					column	1.	
FORM P	TO-875 (Rev. 8/9	17)	*U.S. Government I	Printing O	ffice: 1997 - 430-	571/69194	Pat	ent and Ti	rader	nark Office, U	J.S. DEP	ARTMENT OF	- COMMERC



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NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09 065672

Office of Initial Patent Examination

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	_ X	Fee	Fee =	Total				
	Sm./Lg.				Sm. Entity	Lg. Entity					
Basic Filing Fee	201/101					<u> 190</u>					
Total Claims >20	203/103	18 -20 =	·	X							
Independent Claims >3	202/102	-3 =	9	x		<u>138</u>					
Mult Dep Claim Present	204/104										
Surcharge	<u>205/105</u>					130					
English Translation	139										
TOTAL FEE CALCULATION											
Fees due upon filing the application:											
Total Filing Fees Due = \$											
Less Filing Fees Submitted - \$											
BALANCE DUE	=\$_	1658.	(CC)								